

Menu Planning Worksheet for Infants
 For each day of the week, write down the menus for the meal served.

Name of Child Care Facility: _____ ✓ Menu Planning Age Group(s): ___ 0-3 ___ 4-7 ___ 8-11 Week of _____ 20__

| Infant meal pattern food components: | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------------------------------|---------------------|--------|---------|-----------|----------|--------|
| BREAKFAST | Breastmilk/Formula | | | | | |
| | Vegetable/Fruit | | | | | |
| | Cereal | | | | | |
| LUNCH | Breastmilk/Formula | | | | | |
| | Cereal | | | | | |
| | Meat/Meat Alternate | | | | | |
| | Vegetable/Fruit | | | | | |
| SNACK | Breastmilk/Formula | | | | | |
| | Fruit Juice | | | | | |
| | Bread/Crackers | | | | | |

Refer to Meal Pattern for Infants for serving size and appropriate foods when planning menus. **MENUS MUST BE POSTED AND MAINTAINED ON FILE**